## TOWN OF GARNER www.GarnerNC.gov

## **SIGN PERMIT APPLICATION**

Complete wall sign or freestanding sign information below. If both types of signs are proposed, complete a **SEPARATE** application for each type. Drawing and filing fee must be submitted with application.

Note: Per Section 3.8 of the Town of Garner Unified Development Ordinance (UDO), merely applying for a sign permit does not constitute approval to manufacture, erect or construct a sign. Per Section 7.5 of the Town of Garner Unified Development Ordinance (UDO) – Sign Regulations an approved sign permit must be issued prior to a sign being constructed in the Town of Garner.

		OFFICE	USE ONL	.Y			
Permit Number:		Date:		Receip	ot:		
Business Name:				Contact:			
Address:		City, State, Zip:					
Phone:		Fax:		Email:			
Sign Contractor:		Contact:					
Address:		City, State, Zip:					
Phone:	Fax:	Email:					
Sign Features		Freestanding		Illuminated		Single-faced	
		Wall				Double-faced	
			GN INFOR				
1. A scale, color drawing of the drawing of the building showing		ation of the sign and its	ons, methorelationsh	od of support/attachme ip to roof lines and ove		of materials to be used, 2. A	
Total square footage of building front:  (linear feet x height = total)							
Total square footage of <u>all</u> existing signage:				Area of proposed signage:			
		FREESTANDI	NG SIGN I	NFORMATION			
<ol> <li>A scale, color drawing of the</li> <li>A plot plan to scale showing</li> <li>A sketch of the plant bed wit</li> <li>FREESTANDING SIGNS REQU</li> </ol>	sign loo h name	cation and distance from e, quantity, and spacing o	ons, methors, the street of plants. ORDER TO	od (in detail) of constru right-of-way, ASSURE THE SIGN CA			
Height (ground to top):	ght (ground to top):			Total square footage of sign:			
Total square fo	otage	of landscape area (must	be ½ the	height x width, minimur	n of 50 s	quare feet):	
				IFORMATION			
Sign permits for Master Sign Pla representative of the project.	ıns req	uire an approval letter or	signature	on the proposed graph	nic drawin	ngs from the design review	
Name of Master Sign Plan:			Location:				
Design Review Signature:			Date:	Date:			
		OFF	ICE USE C	NLY			
Comments:							
Planning Department Approval:Comments:			Date:				
Inspections Department Approv Comments:				Date:			